

<i>SERFF Tracking Number:</i>	<i>AEGX-G126860566</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47147</i>
<i>Company Tracking Number:</i>	<i>AR005850700034</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/AR005850700034</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-G126860566

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed

State Tr Num: 47147

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: AR005850700034

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 10/27/2010

Disposition Date: 11/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Term Life

Project Number: AR005850700034

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/01/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Created By: SPI ADMSLH

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI ADMSLH

Filing Description:

Transamerica Life Insurance Company

Out-of-State Group Term Life Form Filing

NAIC Product Code Matrix SubType: L046.213

Company NAIC Group #:468 NAIC #: 8621 FEIN #: 39-0989781

Group term life insurance certificates TL3200GCT, TL3210GCT, and TL3220GCT are being submitted for review and

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approval in accordance to your state's rules for filing out-of-state group life forms. These forms are new and do not replace any existing forms.

The controlling group term life insurance policy TL3200GPT was approved by Tennessee on September 29, 2010 and will be issued to the National Financial Institution Group Insurance Trust. Term life insurance coverage will be made available to customers of participating banks and financial institutions who agree to participate in the Trust. The Trust is situated in Tennessee.

Three certificates may be issued under a group policy:

1. Certificate TL3200GCT provides decreasing term life insurance to age 65. The death benefit is paid in equal monthly installments from the date of death to the date the certificate would have expired on the insured's attained age of 65.
2. Certificate TL3210GCT provides level term to age 70 life insurance. The death benefit is paid in either 36 or 60 equal monthly installments, depending on the payout period selected by the insured at the time of application.
3. Certificate TL3220GCT provides one year term life insurance. The death benefit is paid in 12 equal monthly installments. This certificate will be provided by the participating bank or financial institution to its direct deposit accountholders on a non-contributory basis. The premium is paid by the participating bank or financial institution.

Application form TL4000GET(0609) will be used when marketing the contributory certificates.

The product will be marketed via direct response means, including mail, telephone solicitation and internet. We intend to use an electronic signature process for the customer's signature of the application form in the telephone and internet channels, and will maintain records of sales of this product in a secure electronic format.

Company and Contact

Filing Contact Information

Sam Hunt, Manager, Product Filing & Compliance	shunt@aegonusa.com
300 Eagleview Boulevard	610-648-5816 [Phone]
Exton, PA 19341-1191	610-648-4703 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, N.E.	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:

SERFF Tracking Number: AEGX-G126860566 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47147
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TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Term Life
Project Name/Number: Term Life/AR005850700034

(410) 685-5500 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$0.00	10/27/2010	
Transamerica Life Insurance Company	\$200.00	11/01/2010	41358812

SERFF Tracking Number:	AEGX-G126860566	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2010	11/01/2010
Approved-Closed	Linda Bird	10/29/2010	10/29/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/29/2010	10/29/2010	SPI ADMSLH	10/29/2010	10/29/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Your 10/29/2010 Note To Filer	Note To Reviewer	SPI ADMSLH	11/01/2010	11/01/2010
Filing Fee	Note To Filer	Linda Bird	10/29/2010	10/29/2010

SERFF Tracking Number: AEGX-G126860566

State: Arkansas

Filing Company: Transamerica Life Insurance Company

State Tracking Number: 47147

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Sub-TOI: L04G.213 Specified Age or Duration -

Fixed/Indeterminate Premium - Single Life

Product Name: Term Life

Project Name/Number: Term Life/AR005850700034

Disposition

Disposition Date: 11/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGX-G126860566	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	47147
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Product Name:	Term Life		
Project Name/Number:	Term Life/AR005850700034		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Explanation of Variability		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Decreasing Term To Age 65 Life Certificate		Yes
Form	Term To Age 70 Life Certificate		Yes
Form	One Year Term Life Certificate		Yes
Form	Application		Yes

SERFF Tracking Number: AEGX-G126860566

State: Arkansas

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Product Name: Term Life

Project Name/Number: Term Life/AR005850700034

Disposition

Disposition Date: 10/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Company Tracking Number: AR005850700034

TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Term Life

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Explanation of Variability		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Decreasing Term To Age 65 Life Certificate		Yes
Form	Term To Age 70 Life Certificate		Yes
Form	One Year Term Life Certificate		Yes
Form	Application		Yes

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 Fixed/Indeterminate Premium - Single Life

Product Name: *Term Life*
Project Name/Number: *Term Life/AR005850700034*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/29/2010
Submitted Date	10/29/2010
Respond By Date	11/29/2010

Dear Sam Hunt,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: It has come to our attention after the approval of this submission that the filing fee was not submitted. Regulation 57 was revised January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$200.00 filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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TOI: L04G Group Life - Term *Sub-TOI:* L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/AR005850700034

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/29/2010
Submitted Date 10/29/2010

Dear Linda Bird,

Comments:

Thank you for you 10/29/2010 letter regarding this submission.

Response 1

Comments: We have submitted via EFT the required \$200.00 filing fee.

Related Objection 1

Comment:

It has come to our attention after the approval of this submission that the filing fee was not submitted. Regulation 57 was revised January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$200.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
SPI ADMSLH

SERFF Tracking Number: AEGX-G126860566 State: Arkansas
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Note To Reviewer

Created By:

SPI ADMSLH on 11/01/2010 09:10 AM

Last Edited By:

SPI ADMSLH

Submitted On:

11/01/2010 09:10 AM

Subject:

Your 10/29/2010 Note To Filer

Comments:

I received your 10/29/2010 Note To Filer regarding the EFT payment not coming through SERFF. I reprocessed the EFT payment this morning (11/1/2010) and just received notice from SERFF that the payment was submitted.

Sam Hunt

Manager, Product Filing & Compliance

Transamerica Life Insurance Company

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TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.213 Specified Age or Duration -*
 Fixed/Indeterminate Premium - Single Life

Product Name: *Term Life*
Project Name/Number: *Term Life/AR005850700034*

Note To Filer

Created By:

Linda Bird on 10/29/2010 02:08 PM

Last Edited By:

Linda Bird

Submitted On:

10/29/2010 02:08 PM

Subject:

Filing Fee

Comments:

The filing fee has not come thru on EFT for this submission.

SERFF Tracking Number: AEGX-G126860566 State: Arkansas

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Form Schedule

Lead Form Number: TL3200GCT

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL3200GCT	Certificate	Decreasing Term To Age 65 Life Certificate	Initial		49.100	TL3200GCT 9-27-10.PDF
	TL3210GCT	Certificate	Term To Age 70 Life Certificate	Initial		49.600	TL3210GCT 9-27-10.PDF
	TL3220GCT	Certificate	One Year Term Life Certificate	Initial		50.100	TL3220GCT 9-14-10.PDF
	TL4000GET(0609)	Application/ Enrollment Form	Application/ Applicationin	Initial		0.000	TL4000GET(0609).PDF



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company – Home Office: 4333 Edgewood Road N.E., Cedar Rapids IA 52499
Administrative Office: [520 Park Avenue, Baltimore, MD 21201]

GROUP DECREASING TERM LIFE INSURANCE CERTIFICATE

We certify that, subject to the terms of the Group Policy, the Insured to whom this Certificate is issued is insured for the benefits described in this Certificate on and following the Certificate Date. The Insured is hereafter referred to as “you”, “your”, and “yours”. Transamerica Life Insurance Company is called “we”, “our”, or “us”. This Certificate summarizes certain provisions of the Group Policy. All coverage and provisions are subject to those in the Group Policy issued to the Policyholder.

Our President and Secretary witness this Certificate.

Secretary

President

YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS: You may return this Certificate for any reason within 30 days of the date you receive your Certificate. Any Premium paid is immediately refunded. The Certificate is treated as if it never existed. No benefits are paid.

CERTIFICATE SCHEDULE

Certificate Number:	[01-01-2010]	Certificate Date:	01-01-2XXX]
Insured:	[John Doe]	Expiration Date:	[01-01-2XXX]
		Issue Age:	[xx]
		Gender:	[Male / Female]
		Premium Class:	[Smoker / Non-Smoker]
		[Monthly] Premium:	[\$ xx.xx]
Policyholder:	National Financial Institutions Group Insurance Trust		
Group Policy No.:	[MZ1234567890]		
Participating Organization:	[ABC Bank]		

Insurance Benefits are determined by this Schedule and the terms of the Group Policy.

LIFE INSURANCE BENEFIT

Life Insurance Benefit:	\$[500] per month until the policy anniversary date next following your 65 th birthday (guaranteed period of 36 consecutive months)
Discount Rate:	[5.0]%

LIFE INSURANCE BENEFIT

When we receive due proof that you die while insured, we will pay the Life Insurance Benefit shown in the Schedule to your Beneficiary. It is subject to all other provisions of the Group Policy.

SUICIDE

If you commit suicide within 2 years (1 year in Colorado, Missouri, and North Dakota) after the Certificate Date, the Life Insurance Benefit is limited to the amount of premiums paid without interest.

WHEN COVERAGE BEGINS

The insurance takes effect at 12:01 A.M. on the Certificate Date shown on the Certificate Schedule.

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WHEN COVERAGE ENDS

Your insurance automatically ends on the earliest of the following dates: the date the Group Policy is terminated; the premium due date you fail to pay the required premium except as provided in the Grace Period; the date you die; or the Expiration Date. Termination of the Group Policy will not prejudice any claim originating prior to termination, subject to all other terms of the Group Policy.

You may cancel this insurance by delivering or mailing written notice to us specifying the date of cancellation. Any unearned premium is pro-rated from the date of cancellation and refunded to you. If you do not specify a cancellation date, your cancellation is effective on your next premium due date. Cancellation is without prejudice to any claim originating prior to the date of cancellation.

CONVERSION PRIVILEGE

If your insurance ends because the Group Policy terminates, you may convert the Life Insurance Benefit to an individual permanent life insurance policy that we have available at the time of conversion, if any. Evidence of insurability is not required. The individual policy will not have disability or supplementary benefits. You must apply for the policy and pay the first premium within 31 days after your insurance under the Group Policy ends. Written notice of the conversion privilege will be mailed to you no later than 15 days prior to the expiration of the 31 day period. If the notice is mailed at a later date then you may apply for the policy and pay the first premium during the 15 day period following the date the notice is mailed. The policy is issued subject to the following: (1) it is on a form that we offer for conversion; (2) the amount of insurance cannot exceed the present value of the total monthly benefits that would have been payable; and (3) the premium is based on your age and class on the policy issue date. Any policy issued will be put in force at the end of the period during which you must apply for the policy. If you die during the time you are entitled to convert, we will pay the benefit that you had under the Group Policy. This is done whether or not you actually applied for the individual policy.

PREMIUMS

We provide insurance coverage in return for premium payment. Premiums are payable by you. Your first premium is due on your Certificate Date. Premiums are paid to us on or before the due date, subject to the Grace Period provision.

GRACE PERIOD: You have a 31 day Grace Period for the payment of each premium due after the first premium. Coverage will continue in force during the Grace Period. It will terminate at the end of the Grace Period if all premiums which are due are not paid. We will require payment of all premiums for the period this coverage continues in force including the premiums for the Grace Period.

REINSTATEMENT: If coverage ceases as provided in the Grace Period provision, it may be reinstated within 90 days after the due date of the first unpaid premium. Such Reinstatement is subject to: payment of all overdue premiums, and written approval by us of the required Evidence of Insurability. However, such evidence will not be required within 31 days after the end of the Grace Period.

UNEARNED PREMIUM REFUND: Unearned premium is any amount paid by you beyond the date of your death or cancellation of this Certificate. A refund of unearned premium is payable to your Beneficiary at the time of your death. A refund of unearned Premium upon cancellation is paid to you.

WHO RECEIVES THE BENEFIT

BENEFICIARY: At your death, unless you specify otherwise, any benefit for loss of life will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment.

CHANGING THE BENEFICIARY: You can change your Beneficiary at any time by writing to us at our Administrative Office. Once we record the change, it will take effect as of the day you signed the request, subject to any claim payment made before such recording. The consent of the Beneficiary is not needed for the change, unless the beneficiary designation was irrevocable.

GENERAL PROVISIONS

ENTIRE CONTRACT: Your Certificate is furnished in accordance with and subject to the terms of the Policy. It is not part of the Policy but evidence of the insurance provided under the Policy. The Policy, the application of the Policyholder and Participating Organization, your application, and any papers attached by us to any such documents constitute the entire contract. All statements made by you or the Policyholder or Participating Organization shall be deemed representations and not warranties. No statement made by you shall be used in any contest or in defense of a claim hereunder unless a copy of the instrument containing the statement is or has been furnished to you or to your beneficiary. No agent has the authority to change or waive any provisions of the Policy under which this coverage is provided.

INCONTESTABILITY: Except for fraud, no statement made by you can be used in a contest after your insurance has been in force 2 years during your lifetime. No statement you make can be used in a contest unless it is in writing and signed by you.

MISSTATEMENT OF AGE OR GENDER: If your age or gender has been misstated, the benefits will be those which the premiums paid would have bought for the correct age or gender.

PROOF OF LOSS: A certified copy of the death certificate showing the date and cause of death must be given to us as soon as possible after the date of Loss.

TIME PAYMENT OF CLAIMS: We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS: Benefits are payable in accordance with the beneficiary designation in effect at the time of payment. The Life Insurance Benefit will be paid in monthly installments.

If the benefit is payable to an estate, the Life Insurance Benefit will be paid as a lump sum payment. The lump sum payment is the present value of the Life Insurance Benefit, determined by discounting each monthly installment that would have been payable upon your death at a rate determined by us but not to exceed the discount rate shown on the Certificate Schedule.

If the beneficiary survives the Insured but dies prior to all monthly installments having been paid to such beneficiary, the present value of the total remaining unpaid monthly installments will be paid to the beneficiary's estate in a lump-sum amount.

AUTOPSY: At our expense, we may have an autopsy done where it is not forbidden by law.

LEGAL ACTIONS: No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

NON-PARTICIPATING: There are no dividends payable under this Certificate. It does not share in our surplus earnings.

INTEREST AT SETTLEMENT: If required, we pay interest on benefits payable under the Group Policy according to the requirements of your state. The rate of interest is not less than that required by law.

DEFINITIONS

AGE means on the Certificate Date your current age based on your last birthday. Your age increases by 1 on each Certificate Anniversary

BENEFICIARY means the person who receives the payment of the Life Insurance Benefit. This is explained in the Beneficiary Provision.

CERTIFICATE ANNIVERSARY means the same day and month each succeeding year of the date the certificate takes effect.

CERTIFICATE DATE means the date on which this Certificate is issued and the insurance coverage becomes effective.

EXPIRATION DATE means the date the Insured reaches age 65 under the terms of the Group Policy.

PARTICIPATING ORGANIZATION means an organization which has signed a Participation Agreement adopting the Policyholder's plan of insurance.



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company – Home Office: 4333 Edgewood Road N.E., Cedar Rapids IA 52499
Administrative Office: [520 Park Avenue, Baltimore, MD 21201]

GROUP TERM LIFE INSURANCE TO AGE 70 WITH A SPECIFIED PAYOUT PERIOD CERTIFICATE

We certify that, subject to the terms of the Group Policy, the Insured to whom this Certificate is issued is insured for the benefits described in this Certificate on and following the Certificate Date. The Insured is hereafter referred to as “you”, “your”, and “yours”. Transamerica Life Insurance Company is called “we”, “our”, or “us”. This Certificate summarizes certain provisions of the Group Policy. All coverage and provisions are subject to those in the Group Policy issued to the Policyholder.

Our President and Secretary witness this Certificate.

Secretary

President

YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS: You may return this Certificate for any reason within 30 days of the date you receive your Certificate. Any Premium paid is immediately refunded. The Certificate is treated as if it never existed. No benefits are paid.

CERTIFICATE SCHEDULE

Certificate Number:	[01-01-2010]	Certificate Date:	[01-01-2XXX]
Insured:	[John Doe]	Expiration Date:	[01-01-2XXX]
Issue Age:	[xx]	Specified Payout Period:	[3][5] Years
Gender:	[Male / Female]	Premium Class:	[Smoker/Non-Smoker]

Attained Age Premiums – Level Premium to Age 65 Then Increases Annually

[Monthly] Premium: Certificate Date Through Age 64: [\$ xx.xx]

Age 65: [\$ xx.xx]

Age 66: [\$ xx.xx]

Age 67: [\$ xx.xx]

Age 68: [\$ xx.xx]

Age 69: [\$ xx.xx]

Policyholder: National Financial Institutions Group Insurance Trust

Group Policy No.: [MZ1234567890]

Participating Organization: [ABC Bank]

Insurance Benefits are determined by this Schedule and the terms of the Group Policy.

LIFE INSURANCE BENEFIT

Life Insurance Benefit: \$[500] per month for [36] [60] consecutive months

Discount Rate: [5.0]%

LIFE INSURANCE BENEFIT

When we receive due proof that you die while insured, we will pay the Life Insurance Benefit shown in the Schedule to your Beneficiary. It is subject to all other provisions of the Group Policy.

SUICIDE

If you commit suicide within 2 years (1 year in Colorado, Missouri, and North Dakota) after the Certificate Date, the Life Insurance Benefit is limited to the amount of premiums paid without interest.

WHEN COVERAGE BEGINS

The insurance takes effect at 12:01 A.M. on the Certificate Date shown on the Certificate Schedule.

WHEN COVERAGE ENDS

Your insurance automatically ends on the earliest of the following dates: the date the Group Policy is terminated; the premium due date you fail to pay the required premium except as provided in the Grace Period; the date you die; or the Expiration Date. Termination of the Group Policy will not prejudice any claim originating prior to termination, subject to all other terms of the Group Policy.

You may cancel this insurance by delivering or mailing written notice to us specifying the date of cancellation. Any unearned premium is pro-rated from the date of cancellation and refunded to you. If you do not specify a cancellation date, your cancellation is effective on your next premium due date. Cancellation is without prejudice to any claim originating prior to the date of cancellation.

CONVERSION PRIVILEGE

If your insurance ends because the Group Policy terminates, you may convert the Life Insurance Benefit to an individual permanent life insurance policy that we have available at the time of conversion, if any. Evidence of insurability is not required. The individual policy will not have disability or supplementary benefits. You must apply for the policy and pay the first premium within 31 days after your insurance under the Group Policy ends. Written notice of the conversion privilege will be mailed to you no later than 15 days prior to the expiration of the 31 day period. If the notice is mailed at a later date then you may apply for the policy and pay the first premium during the 15 day period following the date the notice is mailed. The policy is issued subject to the following: (1) it is on a form that we offer for conversion; (2) the amount of insurance cannot exceed the present value of the total monthly benefits that would have been payable; and (3) the premium is based on your age and class on the policy issue date. Any policy issued will be put in force at the end of the period during which you must apply for the policy. If you die during the time you are entitled to convert, we will pay the benefit that you had under the Group Policy. This is done whether or not you actually applied for the individual policy.

PREMIUMS

We provide insurance coverage in return for premium payment. Premiums are payable by you. Your first premium is due on your Certificate Date. Premiums are paid to us on or before the due date, subject to the Grace Period provision.

GRACE PERIOD: You have a 31 day Grace Period for the payment of each premium due after the first premium. Coverage will continue in force during the Grace Period. It will terminate at the end of the Grace Period if all premiums which are due are not paid. We will require payment of all premiums for the period this coverage continues in force including the premiums for the Grace Period.

REINSTATEMENT: If coverage ceases as provided in the Grace Period provision, it may be reinstated within 90 days after the due date of the first unpaid premium. Such Reinstatement is subject to: payment of all overdue premiums, and written approval by us of the required Evidence of Insurability. However, such evidence will not be required within 31 days after the end of the Grace Period.

UNEARNED PREMIUM REFUND: Unearned premium is any amount paid by you beyond the date of your death or cancellation of this Certificate. A refund of unearned premium is payable to your Beneficiary at the time of your death. A refund of unearned Premium upon cancellation is paid to you.

WHO RECEIVES THE BENEFIT

BENEFICIARY: At your death, unless you specify otherwise, any benefit for loss of life will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment.

CHANGING THE BENEFICIARY: You can change your Beneficiary at any time by writing to us at our Administrative Office. Once we record the change, it will take effect as of the day you signed the request, subject to any claim payment made before such recording. The consent of the Beneficiary is not needed for the change, unless the beneficiary designation was irrevocable.

GENERAL PROVISIONS

ENTIRE CONTRACT: Your Certificate is furnished in accordance with and subject to the terms of the Policy. It is not part of the Policy but evidence of the insurance provided under the Policy. The Policy, the application of the Policyholder and Participating Organization, your application, and any papers attached by us to any such documents constitute the entire contract. All statements made by you or the Policyholder or Participating Organization shall be deemed representations and not warranties. No statement made by you shall be used in any contest or in defense of a claim hereunder unless a copy of the instrument containing the statement is or has been furnished to you or to your beneficiary. No agent has the authority to change or waive any provisions of the Policy under which this coverage is provided.

INCONTESTABILITY: Except for fraud, no statement made by you can be used in a contest after your insurance has been in force 2 years during your lifetime. No statement you make can be used in a contest unless it is in writing and signed by you.

MISSTATEMENT OF AGE OR GENDER: If your age or gender has been misstated, the benefits will be those which the premiums paid would have bought for the correct age or gender.

PROOF OF LOSS: A certified copy of the death certificate showing the date and cause of death must be given to us as soon as possible after the date of Loss.

TIME PAYMENT OF CLAIMS: We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS: Benefits are payable in accordance with the beneficiary designation in effect at the time of payment. The Life Insurance Benefit will be paid in monthly installments.

If the benefit is payable to an estate, the Life Insurance Benefit will be paid as a lump sum payment. The lump sum payment is the present value of the Life Insurance Benefit, determined by discounting each monthly installment that would have been payable upon your death at a rate determined by us but not to exceed the discount rate shown on the Certificate Schedule.

If the Beneficiary survives the Insured but dies prior to all monthly installments having been paid to such Beneficiary, the present value of the total remaining unpaid monthly installments will be paid to the Beneficiary's estate in a lump-sum amount.

AUTOPSY: At our expense, we may have an autopsy done where it is not forbidden by law.

LEGAL ACTIONS: No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

NON-PARTICIPATING: There are no dividends payable under this Certificate. It does not share in our surplus earnings.

INTEREST AT SETTLEMENT: If required, we pay interest on benefits payable under the Group Policy according to the requirements of your state. The rate of interest is not less than that required by law.

DEFINITIONS

AGE means on the Certificate Date your current age based on your last birthday. Your age increases by 1 on each Certificate Anniversary

BENEFICIARY means the person who receives the payment of the Life Insurance Benefit. This is explained in the Beneficiary Provision.

CERTIFICATE ANNIVERSARY means the same day and month each succeeding year of the date the certificate takes effect.

CERTIFICATE DATE means the date on which this Certificate is issued and the insurance coverage becomes effective.

EXPIRATION DATE means the date the Insured reaches age 70 under the terms of the Group Policy.

PARTICIPATING ORGANIZATION means an organization which has signed a Participation Agreement adopting the Policyholder's plan of insurance.



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company – Home Office: 4333 Edgewood Road N.E., Cedar Rapids IA 52499

Administrative Office: [520 Park Avenue, Baltimore, MD 21201]

GROUP 1-YEAR TERM LIFE INSURANCE CERTIFICATE

We certify that, subject to the terms of the Group Policy, the Insured to whom this Certificate is issued is insured for the benefits described in this Certificate on and following the Certificate Date. The Insured is hereafter referred to as “you”, “your”, and “yours”. Transamerica Life Insurance Company is called “we”, “our”, or “us”. This Certificate summarizes certain provisions of the Group Policy. All coverage and provisions are subject to those in the Group Policy issued to the Policyholder.

Our President and Secretary witness this Certificate.

Secretary

President

YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS: You may return this Certificate for any reason within 30 days of the date you receive your Certificate. The Certificate is treated as if it never existed. No benefits are paid.

CERTIFICATE SCHEDULE

Certificate Number:	[01-01-2010]	Certificate Date:	[01-01-2010]
Insured:	[John Doe]	Expiration Date:	[01-01-2011]
Issue Age:	[xx]	Specified Payout Period:	[1 Year]
Gender:	[Male / Female]		

Policyholder: National Financial Institutions Group Insurance Trust

Group Policy No.: [MZ1234567890]

Participating Organization: [ABC Bank]

Insurance Benefits are determined by this Schedule and the terms of the Group Policy.

NON-CONTRIBUTORY LIFE INSURANCE BENEFIT

Life Insurance Benefit: [\$100] per month for [12] consecutive months

Discount Rate: [5.0]%

LIFE INSURANCE BENEFIT

When we receive due proof that you die while insured, we will pay the Life Insurance Benefit shown in the Schedule to your Beneficiary. It is subject to all other provisions of the Group Policy.

SUICIDE

If you commit suicide on or after the Certificate Date, no Life Insurance Benefit is payable to your Beneficiary.

WHEN COVERAGE BEGINS

The insurance takes effect at 12:01 A.M. on the Certificate Date shown on the Certificate Schedule.

WHEN COVERAGE ENDS

Your insurance automatically ends on the Expiration Date. Termination of the Group Policy will not prejudice any claim originating prior to termination, subject to all other terms of the Group Policy.

WHO RECEIVES THE BENEFIT

BENEFICIARY: At your death, unless you specify otherwise, any benefit for loss of life will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment.

CHANGING THE BENEFICIARY: You can change your Beneficiary at any time by writing to us at our Administrative Office. Once we record the change, it will take effect as of the day you signed the request, subject to any claim payment made before such recording. The consent of the Beneficiary is not needed for the change, unless the Beneficiary designation was irrevocable.

GENERAL PROVISIONS

ENTIRE CONTRACT: Your Certificate is furnished in accordance with and subject to the terms of the Policy. It is not part of the Policy but evidence of the insurance provided under the Policy. The Policy, the application of the Policyholder and Participating Organization, and any papers attached by us to any such documents constitute the entire contract. All statements made by you or the Policyholder or Participating Organization shall be deemed representations and not warranties. No statement made by you shall be used in any contest or in defense of a claim hereunder unless a copy of the instrument containing the statement is or has been furnished to you or to your beneficiary. No agent has the authority to change or waive any provisions of the Policy under which this coverage is provided.

INCONTESTABILITY: Except for fraud, no statement made by you can be used in a contest after your insurance has been in force 2 years during your lifetime. No statement you make can be used in a contest unless it is in writing and signed by you.

MISSTATEMENT OF AGE: If your age has been misstated, the benefits will be those which the premiums paid would have bought for the correct age.

PROOF OF LOSS: A certified copy of the death certificate showing the date and cause of death must be given to us as soon as possible after the date of Loss.

TIME PAYMENT OF CLAIMS: We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS: Benefits are payable in accordance with the beneficiary designation in effect at the time of payment. The Life Insurance Benefit will be paid in monthly installments.

If the benefit is payable to an estate, the Life Insurance Benefit will be paid as a lump sum payment. The lump sum payment is the present value of the Life Insurance Benefit, determined by discounting each monthly installment that would have been payable upon your death at a rate determined by us but not to exceed the discount rate shown on the Certificate Schedule.

If the Beneficiary survives the Insured but dies prior to all monthly installments having been paid to such Beneficiary, the present value of the total remaining unpaid monthly installments will be paid to the Beneficiary's estate in a lump-sum.

AUTOPSY: At our expense, we may have an autopsy done where it is not forbidden by law.

LEGAL ACTIONS: No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

INTEREST AT SETTLEMENT: If required, we pay interest on benefits payable under the Group Policy according to the requirements of your state. The rate of interest is not less than that required by law.

NON-PARTICIPATING: There are no dividends payable under this Certificate. It does not share in our surplus earnings.

DEFINITIONS

AGE means on the Certificate Date your current age based on your last birthday. Your age increases by 1 on each Certificate Anniversary

BENEFICIARY means the person who receives the payment of the Life Insurance Benefit. This is explained in the Beneficiary Provision.

CERTIFICATE ANNIVERSARY means the same day and month each succeeding year of the date the certificate takes effect.

CERTIFICATE DATE means the date on which this Certificate is issued and the insurance coverage becomes effective.

NON-CONTRIBUTORY means the premium for this certificate is paid by the Participating Organization.

PARTICIPATING ORGANIZATION means an organization which has signed a Participation Agreement adopting the Policyholder's plan of insurance.

ABOUT PROPOSED INSURED (Please answer each question completely)

First Name
Last Name
Street
City
State
Zip
Primary Phone
Best time to call: Morning Afternoon Early Evening
Alternate Phone
Best time to call: Morning Afternoon Early Evening
Email Address
Current Occupation
Annual Salary \$ Male Female
Product
Monthly Benefit Amount \$
Payout Period to 65 3 Years 5 Years
Date of Birth Age Birthplace
month day year state or country

Height feet inches Weight pounds
SS#
Driver's License # State Issued
Are you a citizen of the United States? Yes No
If no, do you have a permanent Visa (green card)? Yes No
POLICY OWNER'S INFORMATION (If different from Proposed Insured)
Policy Owner's Name:
Policy Owner's Street:
Policy Owner's City State Zip
Policy Owner's SS# or Tax Payer ID#:

BENEFICIARY INFORMATION

Name, Relationship and Designated %:

PROPOSED INSURED HISTORY (Check YES or NO for each question. If yes, provide details.)

- 1. a. Do you have other life insurance applications pending with any other company?
b. By applying for the proposed policy do you intend to replace, discontinue or change an existing policy or contract?
If yes, provide details as follows. Attach a separate sheet if more space is needed (*Indicate Type of Coverage: I=Individual; B=Business; or G=Group)

Table with 7 columns: INSURED NAME, INSURANCE COMPANY, POLICY NO., AMOUNT, *TYPE, PENDING, ISSUE DATE

- 2. Have you, in the past 2 years, used Tobacco or Nicotine products in any form?
3. Within the past 3 years, have you been refused life insurance or been issued a policy on a modified or rated basis?
4. Have you, in the past 3 years, participated in or do you plan to participate in any in any of the following activities: aeronautics, including hang gliding, sky diving, parachuting, or ballooning; racing, including car, motorcycle, or boat; scuba/skin diving; hiking, including mountain/trail climbing or rock climbing; or any similar hazardous activities?
5. Have you, in the past 3 years, piloted an aircraft, or do you have any intention of flying in the future other than as a passenger on a scheduled airline?
6. Do you contemplate residence or travel, including military deployment, outside the US during the next 2 years?
7. Have you, in the past 3 years, had your driver's license suspended, revoked, cancelled, or withdrawn, had 3 or more moving violations, or in the past 5 years pleaded guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless driving?
8. Have you, in the past 10 years, pled guilty or no contest to or been convicted of a felony offense, or been incarcerated or on probation for a felony offense, or are felony charges currently outstanding against you?
9. Have you, in the past 10 years, used illegal drugs, or consulted a physician or other healthcare provider or been treated, hospitalized, or taken medication for abuse of alcohol or drugs (including prescription drugs)?

10. Have you, in the past 7 years, consulted a physician or other healthcare provider, or been treated, hospitalized or taken medication for: any diseases or disorders of the heart including rheumatic fever, circulatory system, diabetes/endocrine/thyroid, blood, kidneys, liver, digestive system, lungs including allergies, sleep apnea, respiratory disorder, emphysema, or chronic asthma; any mental or nervous disorders, including depression or anxiety; muscular, spinal, joint, or bone disorders or injuries; including concussions; high blood pressure; high cholesterol; cancer; stroke; epilepsy/seizures, including dizziness or fainting; arthritis; congenital defects or physical impairments; or sexually transmitted diseases? ☐ Yes ☐ No
11. Have you ever tested positive for, or been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having HIV (Human Immunodeficiency Virus) antibodies or antigens or AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or any immune deficiency disorder? ☐ Yes ☐ No
12. Have you, in the past 12 months, been confined to a hospital or medical facility of any kind for more than 24 hours? ☐ Yes ☐ No
13. In the past 12 months, have you scheduled or been advised to have surgery, a diagnostic test, or evaluation of any kind that has not been completed? ☐ Yes ☐ No

PAYMENT OPTIONS (Choose One):

Payer: ☐ Proposed Insured ☐ Policy Owner (if different than proposed insured) Choose a billing frequency: ☐ Monthly ☐ Quarterly
☐ Semi-annually ☐ Annually

Automatically Deduct Premium from: ☐ Savings ☐ Checking Bank Name: _____

Account Holder (Payer) Name (Please Print): _____ Account Number: _____

Routing Transit No.: _____  Example of routing/transit and account numbers found on the bottom of your personal check

OR Charge Premium to: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number: _____ Expiration Date: _____

Agreement/Authorization to Obtain and Disclose Information: I have read or been read all the questions and answers on this application. I understand that no insurance is in effect unless the application is approved by the Insurance Company, and the first premium paid. I acknowledge that I have or will receive copies of the disclosure notices that appear below. I acknowledge that I have read or been read the Fraud Warning Statement where applicable. I acknowledge receiving or being read the "NOTIFICATION" regarding MIB, Inc. and the Fair Credit Reporting Act during the application process. If the "NOTIFICATION" materials were read to me, I understand I will receive them in writing shortly following my completion of this application. The authorization, original or copy, is valid for two years from the effective date of coverage. To determine my insurability or for claims purposes, research or purposes not otherwise prohibited by law, I authorize any medical practitioner, institution, VA Hospital, insurance company or person having knowledge of my health, or MIB, Inc. to give any information about my physical or mental health to Transamerica Life Insurance Company or its reinsurer(s). I have read or been read this authorization and have or will receive a copy. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that any information that is disclosed pursuant to this authorization may no longer be covered by federal rules governing privacy and confidentiality of health information, but it will not be re-disclosed by the Company except as authorized by me or as required by law. I hereby authorize my Financial Institution to make the appropriate periodic account debits for the amount of insurance indicated. I understand that coverage will only become effective if there are sufficient funds in my account at the time of debit, over and above any minimum required to maintain same account. I further understand that any additional coverage will also continue only upon payment of subsequent premiums as they become due. Insurance is not a deposit or other obligation of the bank or any bank affiliate; is not guaranteed, issued or underwritten by the FDIC, the bank or any bank affiliate; is not insured by the FDIC or any other agency of the US, the bank or any bank affiliate; and is not a condition to the provision or term of any banking service or activity. **Residents of ARKANSAS, NEW MEXICO, and OHIO:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Residents of DISTRICT OF COLUMBIA:** WARNING: It is a

crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Residents of FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Residents of KENTUCKY:** Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony. **Residents of LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Residents of MAINE, TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Residents of MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Residents of NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Residents of NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Residents of PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signed at City _____ State _____ Date _____

Signature of Proposed Insured (Required – Do not print) _____

Policy Owner Signature (If Different than Proposed Insured) _____

ADDITIONAL APPLICATION INFORMATION BELOW

SERFF Tracking Number:	AEGX-G126860566	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	47147
Company Tracking Number:	AR005850700034		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	Term Life		
Project Name/Number:	Term Life/AR005850700034		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability		
Comments:		
Explanation of Variability		
Attachment:		
EOV TL3200GCT, et al.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT		
Comments:		
NAIC Transmittal Document		
Attachment:		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC FORM FILING ATTACHMENT		
Comments:		
NAIC Form Filing Attachment		
Attachment:		
AR - NAIC FORM FILING ATTACHMENT.PDF		

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Transamerica Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
TL3200GCT	49.1
TL3210GCT	49.6
TL3220GCT	50.1

Signed:



Name: Laurie A. Renko

Title: Vice President

Date: October 25, 2010

Explanation of Variables to Term Life Insurance Certificates TL3200GCT, TL3210GCT and TL3220GCT

Certificate – TL3200GCT

Schedule of Benefits (page 1) –

(1) The Insured Member's Name, Certificate Number, the Policyholder, Group Policy Number, Certificate Date, and Expiration Date will reflect the specific information for the Member it is issued to.

(2) Life Insurance Benefit amount will be elected by the Insured Member. The monthly coverage amount range is \$500.00 - \$15,000.00 with a total maximum of \$300,000.00 of coverage. The premium shown will be the amount charged for the selected Life Insurance Benefit.

(3) The Discount Rate may vary due to financial indexes, but is anticipated never to exceed 5%.

Certificate – TL3210GCT

Schedule of Benefits (page 1) –

1. The Insured Member's Name, Certificate Number, the Policyholder, Group Policy Number, Certificate Date, and Expiration Date will reflect the specific information for the Member it is issued to.

2. Life Insurance Benefit amount will be elected by the Insured Member. The monthly coverage amount range is \$500.00 - \$15,000.00 with a total maximum of \$300,000.00 of coverage. The benefit amount will be paid for either 36 or 60 months as selected by the Insured Member. The premium shown will be the amount charged for the selected Life Insurance Benefit.

3. The Discount Rate may vary due to financial indexes, but is anticipated never to exceed 5%.

Certificate – TL3220GCT

Schedule of Benefits (page 1) –

1. The Insured Member's Name, Certificate Number, The Policyholder, Group Policy Number, Effective Date, and Expiration Date will reflect the specific information for the Member it is issued to.


2. Life Insurance Benefit amount will be elected by the policyholder. The coverage amount will be \$100.00 monthly, with a total maximum of \$1,200.00.

3. The Discount Rate may vary due to financial indexes, but is anticipated never to exceed 5%.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Transamerica Life Insurance Company 4333 Edgewood Road, N.E. Cedar Rapids IA 52499	IA		468	86231	39-0989781	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Sam Hunt 300 Eagleview Boulevard Exton PA 19341-1191	800-678-5901	610-648-4703	shunt@aegonusa.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR005850700034					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	L04G Group Life - Term					
10.	Product Coding Matrix Filing Code	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life					
11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	October 27, 2010
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	N/A
15.	Filing Description:	
	<p>Transamerica Life Insurance Company Out-of-State Group Term Life Form Filing NAIC Product Code Matrix SubType: L046.213 Company NAIC Group #:468 NAIC #: 8621 FEIN #: 39-0989781</p> <p>Group term life insurance certificates TL3200GCT, TL3210GCT, and TL3220GCT are being submitted for review and approval in accordance to your state's rules for filing out-of-state group life forms. These forms are new and do not replace any existing forms.</p> <p>The controlling group term life insurance policy TL3200GPT was approved by Tennessee on September 29, 2010 and will be issued to the National Financial Institution Group Insurance Trust. Term life insurance coverage will be made available to customers of participating banks and financial institutions who agree to participate in the Trust. The Trust is situated in Tennessee.</p> <p>Three certificates may be issued under a group policy:</p> <ol style="list-style-type: none"> 1. Certificate TL3200GCT provides decreasing term life insurance to age 65. The death benefit is paid in equal monthly installments from the date of death to the date the certificate would have expired on the insured's attained age of 65. 2. Certificate TL3210GCT provides level term to age 70 life insurance. The death benefit is paid in either 36 or 60 equal monthly installments, depending on the payout period selected by the insured at the time of application. 3. Certificate TL3220GCT provides one year term life insurance. The death benefit is paid in 12 equal monthly installments. This certificate will be provided by the participating bank or financial institution to its direct deposit accountholders on a non-contributory basis. The premium is paid by the participating bank or financial institution. <p>Application form TL4000GET(0609) will be used when marketing the contributory certificates.</p> <p>The product will be marketed via direct response means, including mail, telephone solicitation and internet. We intend to use an electronic signature process for the customer's signature of the application form in the telephone and internet channels, and will maintain records of sales of this product in a secure electronic format.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Sam Hunt</u> Title <u>Manager, Product Filing & Compliance</u></p> <p>Signature  Date <u>October 27, 2010</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR005850700034
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Decreasing Term To Age 65 Life Certificate	TL3200GCT	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Term To Age 70 Life Certificate	TL3210GCT	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	One Year Term Life Certificate	TL3220GCT	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Application	TL4000GET(0609)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	